## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT **AS FILED** DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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